

CAPE COD & ISLANDS COMMUNITY HEALTH NETWORK AREA ~ CHNA 27
Minutes for Thursday September 9th, 2021 9:00-10:30 am
Zoom Meeting – Meeting Minutes By Kelly Sommers

Present:

Louisa Stringer, Cape Wellness Collaborative	Alex Nelson, VISTA Helping Our Women
Beverly Costa-Ciavola, CCNSC	Marly Perda, Cape Cod Children’s Place
Regina Correira, Family Continuity	Teri Nezbeth, OCHS Community Resources Navigator
Mary Jo French, Spaulding	Marina Mendoza Burris, We Can
Ann Burke, Fenway	Valerie Pereira Bown, Healthy Imperatives, Cape Cod WIC
Cheryl Kramer, Outer Cape Health Services	Lauren Fogle, LCSW & Virtual Assistant
Katie Fitz Nickerson,	Jennifer Kelliher, MCSP
Dr. Mora Weir, Cape Cod Community College	Trudy Avery, Cook Family Charitable Fund
Jackie Lane, NAMI	

Welcome:

Meeting started at 9:05am

Regular Business:

- Louisa read the purpose of CHNA27
- Format of meeting explained
- Laura Fogle introduced and added to Steering Committee
- Coffee Card giveaway explained

Topic: Suicide Prevention

Speakers:

- **Jackie Lane**, Executive Director, NAMI Cape Cod & the Islands
- **Jennifer Kelliher**, Managing Director, Massachusetts Coalition for Suicide Prevention
- **Beverly Costa-Ciavola**, Director, Cape Cod Neighborhood Support Coalition
- **Dr. Mora Weir**, Mental Health Services, Cape Cod Community College

Presentation: Mary Jo French, Spaulding and **Beverly Costa-Ciavola**, Cape Cod Neighborhood Support Coalition

PANEL:

Jennifer Kelliher, Managing Director, Massachusetts Coalition for Suicide Prevention

Massachusetts takes a public health approach toward suicide prevention, we’re fortunate that we have state funding and also a program for suicide prevention at the Department of Public Health to overseas efforts across MA. We have the MA state wide coalition and regional coalitions, about 20 - 25 providers funded by DPH and several agencies working through DPH all committed to do their part in reducing suicide. Department of public health suicide prevention program provides oversight and track funded agency programs. Funded at 7 million for FY22, increase over past two years of 2 million due a large part from involvement of Regional coalitions. Make sure funds are distributed fairly. Collect and distribute data, statewide. Most recent data

available is 2018, they're working on 2019. Data used to inform work and priorities and helps fill gaps. 20 -25 providers selected through a competitive process that provide prevention, intervention and postvention services. The State Coalition tries to represent that whole state and encourage collaboration. Try to address gaps the suicide prevention can't, the biggest one being advocacy - State funding can't be used to advocate. We fund an advocate through our membership fees. Top down, bottom up organization. Continually talk to membership and community to be more effective and include as many as we can. Aren't direct service but try to work upstream. Work with stakeholders to promote education and awareness. Created a racial equity toolkit. Try to make sure our efforts reflect the values of social justice. Promote work of stakeholders. Create a unified message around agencies so there's one ask when we get in front of lawmakers. We have 10 regional coalitions, each positioned in their communities to be support regions. Each regionals have a seat on the executive committee to represent the interest of the entire state, we want to include perspectives from the whole state. We're a dues member organization but anyone can participate without paying dues. Designated at least one member rep has to be loss survivor and one rep an attempt survivor so we will always have those perspectives at the table. Grown a lot in the last 9 years. Advocacy efforts have grown. AFSP - American Foundation of Suicide Prevention. PSA campaigns - focused on helping people when they are struggling. Welcome different opinions and different perspectives, want everyone to feel welcome and evolved. This year we're rolling out our toolkit around the state and finding out what makes most sense for each region.

Mora Weir, Mental Health Services, Cape Cod Community College

Programing at Cape Cod Community College around suicide prevention - a group called Active Minds. A national chapter, college and universities have chapters, we've had ours for about 4 years. The purpose is to change the conversation about mental health and get people talking about it. We've really embedded suicide prevention into the program with the support of my background in Active Minds and a peer education group we run. Students helping students, 67% of people tell a friend when they are feeling suicidal before an adult so we have to teach their friends how to read the warning signs and symptoms. This particular group is made up of 15 - 20 students each semester. We have a core group of about 10 that have stayed in the last few years, they help coordinate mental health programming for students on campus. Campaigns we've Run - prior to Covid - It's Ok To Not Be Ok, we have shirts and stickers made up with that. Love Yourself Campaign - a month long from Valentine's Day to mid-term break. We had something in the cafeteria about three times a week about self-care and how to love yourself, also about suicide prevention and how to handle friends who may be suicidal. Send Silence Packing program through Active Minds. About 1100 students die by suicide a year so we brought 1100 backpacks to the campus and set up display outdoors to represent each person that passes away. Powerful display. Samaritans were there that day to help, students from Active Minds had T Shirts that said "Are You OK". Another campaign has about 20 students wearing shirts that say "Are You Ok" to help encourage students to reach out to each other. Right now we're working on education and advocacy. Last year we trained about 60 students in QPR - which is Question, Persuade and Refer. It's an hour-long program, basics about suicide prevention. We have about 30 students trained in Mental Health First Aid, an 8hr program. Higher Education module for behavior response team who respond to suicidal crises. We've run 2 or 3 safe talks, which is a smaller 4 hr program. Every year we participate in the AFSP walk down at the canal with about 20 students. Most recently did a peer education program. Starting resilience programming now and hope to get some community partners to help with that. Excited about young people taking the reins. Last two years we've sent students to the Active Minds Conference in Washington D.C..

Jackie Lane, Executive Director, NAMI Cape Cod & the Islands

Nutshell idea of what NAMI does: National organizations, you may see ads on TV. Each state has a NAMI, we have NAMI MA. Within NAMI MA there's several affiliates, we are an affiliate. Affiliates in MA don't get financial support from NAMI MA or State. We're responsible for ourselves, which is different from some affiliates. We get funding from fundraising events, grants and private donors. We're a membership organization but one doesn't have to be a member to use our services or to get emails. All our services are free of charge. Any donation made has to be designated for Cape if you want it to stay here. We have a diverse board of 15 directors, all local with a

personal or professional connection to behavior health. Board terms are 3 years and are renewable 3x for a max of 9 years. A little different than other affiliates, we have a paid staff. We raised the money to have a staff. We have 7 staff, beside myself, part time. Two staff on Nantucket and one on Vineyard, the rest in Hyannis. Mission - education, support, and efficacy. Proactive and reactive programming. Family to Family program is live and on zoom. Both things this fall are full. Basics Program for families of younger children exhibited mental health issues. Homefront is a 6 wk program for military families to help explain problems about going away and also reentry issues. Family Connections program, not a NAMI program, it's a program on Borderline Personality Disorder. That program is overbooked all the time. We run a support group for that program and can't handle the people that want to attend. All support group people and teachers are volunteers with lived experience. Also have developed programming in Brazilian Portuguese, we present 3 different programs with support groups with bi-lingual registered, certified therapists. It's been real successful and expensive - seeking funding to continue it. Community programming (proactive) -educate key members of the community. Think Kids - collaborative problem solving, through Mass General and Harvard University, been around for 25 years. Every staff at Barnstable, Mashpee and Monomoy schools have been through that training. Community Crisis Training Team for the police, we have trained people in all 15 police departments. We have about 200 trained officers, it's a 40 hour 5 day program for free. We haven't done it the last few years due to covid, has to be in person. We have trained 30 Mental Health First Aid teachers, can provide to groups on Cape and Islands. Helps recognize how to recognize and when to get help. We do publicize monthly newsletter and have a website scheduled to be updated and improved prior to covid and hope to do so soon. Resource list on there. Monthly walk-in support groups, about a dozen. Advocacy - legal support, legislation needs. Supporting family and friends. Two events - Remembrance Day on Nantucket. Martha's Vineyard - Darkness into Light Candlelight walk. We're also doing a lot of marketing.

Beverly Costa-Ciavola, Director, Cape Cod Neighborhood Support Coalition

Suicide prevention on Cape -in 2008 - CHNA talked about needs on Cape. DPH funded us at that time. We decided we wanted to do something around suicide prevention. We did a little program with CHNA and were encouraged to start a chapter and thus began the Cape and Islands Suicide Prevention Coalition. At the same time of that project, DPH got some SASA money and we were chosen to do the project. We did a lot of work around youth suicide, brought variety of trainings to Cape. Pretty much free of charge, a few require funding but try to find outside sources to provide scholarships. We look upstream in this work; prevention, intervention and what's fueling suicide intervention. Important - language we use is specific, we put out tips for the media. Committed is seen as crime - guilt, grief. Coalition started in first place due to a series of suicides on Nantucket and at Barnstable High School. Other organizations came out of that too. Sharing Kindness and Samaritans. Suicide affects everyone. We're fortunate on Cape, we have many organizations that work collaboratively and try to bring in partnerships because of that we've been successful bringing funding to Cape.

Coffee Card Giveaway

Announcements

Meeting ended 10:37p

Meeting minutes respectfully recorded by Kelly Sommers, CHNA27 Administrative Coordinator;
Email address is **CHNA27Cape@gmail.com**